| | FORM 3 AMENDED REPORT | | | | | | | |
|--|---|---|-------------------------------------|---|---|--------------------------|----------|--|
| APPLICATION FOR PERMIT TO DRILL | | | | | 1. WELL NAME and NUMBER NBU 920-13C4BS | | | |
| 2. TYPE OF WORK DRILL NEW WELL (REENTER P&A WELL) DEEPEN WELL (| | | | | 3. FIELD OR WILDCAT NATURAL BUTTES | | | |
| 4. TYPE OF WELL Gas Well Coalbed Methane Well: NO | | | | | 5. UNIT or COMMUNITIZATION AGREEMENT NAME NATURAL BUTTES | | | |
| 6. NAME OF OPERATOR KERR-MCGEE OIL & GAS ONSHORE, L.P. | | | | | 7. OPERATOR PHONE 720 929-6587 | | | |
| 8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217 | | | | | 9. OPERATOR E-MAIL mary.mondragon@anadarko.com | | | |
| 10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) | 11. MINERAL OWNERSHIP | | | 12. SURFACE OWNERSHIP | | | | |
| TTU 0579 13. NAME OF SURFACE OWNER (if box 12 = 'fee') | | | RAL (TO STATE) FEE (| | | FEDERAL INDIAN STATE FEE | | |
| | | | | | | | | |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee') | | | | | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee') | | | |
| 17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') | | 18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS | | | VERTICAL DIRECTIONAL HORIZONTAL | | | |
| Ute Tribe | YES (Submit Commingling Application) NO | | | | | | | |
| 20. LOCATION OF WELL | FC | OOTAGES | QTR-QTR | SECTION | TOWNSHIP | RANGE | MERIDIAN | |
| LOCATION AT SURFACE 405 FN | | IL 2146 FWL | NENW | 13 | 9.0 S | 20.0 E | S | |
| Top of Uppermost Producing Zone 920 FN | | IL 2100 FWL | NENW | 13 | 9.0 S | 20.0 E | S | |
| At Total Depth | h 920 FNL 2100 FWL | | NENW | 13 | 9.0 S | 20.0 E | S | |
| 21. COUNTY UINTAH 22. DISTANCE TO NEARES 9 | | | | T LEASE LINE (Feet) 23. NUMBER OF ACRES IN DRILLING UNIT 1920 | | | | |
| 25. DISTANCE TO NEARI (Applied For Drilling or (| | | | pleted) MD: 10727 TVD: 10670 | | | | |
| 27. ELEVATION - GROUND LEVEL 4710 | | 28. BOND NUMBER WYB000291 | | | 29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE Permit #43-8496 | | | |
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| | | AT | TACHMENTS | | | | | |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES | | | | | | | | |
| WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER | | | | COMPLETE DRILLING PLAN | | | | |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE) | | | | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER | | | | |
| DRILLED) DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY TOPOGRAF | | | | | PHICAL MAP | | | |
| NAME Danielle Piernot TITLE Regulatory Analyst | | | : | PHONE 720 929-6156 | | | | |
| SIGNATURE DATE 06/29/2009 | | | EMAIL danielle.piernot@anadarko.com | | | | | |
| API NUMBER ASSIGNED APPROVAL 43047505240000 | | | | Bacquill | | | | |
| | | | | Permit Manager | | | | |

